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CONFIRMATION NO. 7014

SERIAL NUMBER 10/434,400	FILING DATE 05/07/2003  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 3102.018
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

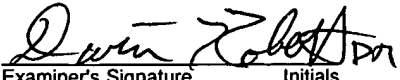
This application is a CIP of 09/974,474 12/14/2001 PAT 6,738,663 \*  
 and claims benefit of 60/378,210 05/07/2002  
 and claims benefit of 60/378,211 05/07/2002  
 and claims benefit of 60/378,212 05/07/2002  
 and claims benefit of 60/378,213 05/07/2002  
 and claims benefit of 60/378,214 05/07/2002  
 and claims benefit of 60/378,215 05/07/2002  
 and claims benefit of 60/378,216 05/07/2002  
 and claims benefit of 60/378,629 05/09/2002  
 and claims benefit of 60/378,824 05/09/2002  
 and claims benefit of 60/379,793 05/13/2002  
 and said 09/974,474 12/14/2001  
 claims benefit of 60/238,609 02/13/2001  
 This application 10/434,400  
 claims benefit of 60/379,797 05/13/2002  
 and said 09/974,474 12/14/2001  
 is a CIP of 09/524,405 03/13/2000 PAT 6,366,808  
 which claims benefit of 60/128,505 04/09/1999  
 This application 10/434,400  
 claims benefit of 60/377,840 05/07/2002  
 and claims benefit of 60/377,841 05/07/2002  
 and claims benefit of 60/378,209 05/07/2002  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 07/17/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR	SHEETS	TOTAL	INDEPENDENT
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DR 2/6/06

Verified and Acknowledged	 Examiner's Signature	Initials DN	COUNTRY TX	DRAWING 51	CLAIMS 52	CLAIMS 6
ADDRESS 26375 SINSHEIMER, SCHIEBELHUT, BAGGETT 1010 PEACH STREET SAN LUIS OBISPO , CA 93401						
TITLE Method and device for treating cancer with electrical therapy in conjunction with chemotherapeutic agents and radiation therapy						
FILING FEE  RECEIVED 1454	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		